

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.43</u>
SUBJECT: MEDICAL RECORDS	EFFECTIVE DATE <u>052/01/06</u>
PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i> <u>Medical/Forensic Services 271-3707</u> <i>Office Phone #</i>	REVIEW DATE <u>08/15/07</u> SUPERSEDES PPD# <u>6.43</u> DATED <u>04/15/04</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide guidelines and procedures for the content, handling, assembling and utilization of health records.

II. APPLICABILITY:

To all staff that are allowed access to health records, especially health care personnel and medical records staff.

III. POLICY:

It is the policy of the Department of Corrections that a complete health record file shall be maintained for each inmate to accurately document all health services provided throughout the period of incarceration. The health record, the format and the method of recording entries is determined and approved by the Medical Record Committee (MRC).

A. The health record shall contain as a minimum:

1. Identifying information (e.g., inmate name, identification number, date of birth, sex);
2. Problem list, including allergies;
3. Completed admission intake screening by the Reception & Diagnostic (R&D) Unit staff;
4. Physical exam, including health history;
5. Progress notes for all health care visitations, including findings, diagnosis, treatments and disposition;
6. Prescribed medications and their administration, diets and other treatments;
7. Laboratory reports tests, x-ray and diagnostic studies;
8. Consent and refusal forms as needed;
9. Release of information forms as needed;
10. Results of consultation and off-site referrals for treatment;
11. Discharge summary of hospitalizations;
12. Special needs treatment plan, if any;
13. Clinical mental health evaluations and treatment progress notes;
14. Immunization records;

15. Place, date and time of each health encounter;
 16. Dental records;
 17. Signature and title of each documenter.
- B. A unit health record will be maintained. Health records from previous incarcerations will be brought forward to assure continuity of care.
- C. The MRC meets as needed. The committee is responsible for reviewing medical record content, forms, and procedures. Membership is comprised of the following:
1. Health Information Management (HIM) Administrator, Chairperson
 2. Chief Medical Officer
 3. Chief Dental Officer
 4. Chief Psychiatrist
 5. Director of Nursing
 6. Administrative Director
 7. Quality Improvement Administrator
 8. SPU Medical Record Technician
 9. Other DOC staff may attend on an ad hoc basis

IV. PROCEDURES:

A. Storage of Records

The HIM Office shall maintain an identification and filing system that ensures rapid access to each patient's health record. The facility will provide adequate space and equipment for the storage of all health records in a manner safe from fire and water damage, and secure from unauthorized use. All active health records shall be maintained separately from the offender record.

1. The health records are the responsibility of the HIM Administrator who shall control access to the medical reports as approved by the MRC.
2. Health records for currently incarcerated inmates shall be maintained in the HIM department, located in the Health Services Center at each facility.

B. Retention of Records

All inactive records shall be forwarded to Offender Records. Offender Records will store them in an inactive status with the most recent inactive year in the basement of NHSP/M. NH State Archives and the DOC Warehouse store inactive records for 11 years. After which they are destroyed.

C. Retrieval of Records

The Offender Records staff shall retrieve records of previously incarcerated inmates if the records are located in the basement. If the records are located at the State Archives, Offender Records will request the record and forward it to the requesting HIM office. If the file is located at the Warehouse, Offender Records will retrieve the record and forward it to the requesting HIM office within 3 days.

D. Confidentiality

1. The HIM Administrator shall determine access to all health records in conjunction with the MRC. Routine access to health records shall include:
 - a. Medical/dental/nursing staff;
 - b. Psychiatric/mental health staff;
 - c. Unit case counselors/managers;
 - d. Quality improvement staff;
 - e. Staff of the Office of the Attorney General and DOC Counsel;
 - f. Inmate (See G. REVIEW OF HEALTH RECORDS)
2. Limited access to health records for the purpose of determining appropriate housing, programming, and/or working conditions resulting from an inmate's health status, protecting the health/safety of the inmate, other inmates and correctional staff responding to grievances and referrals to off-site and/or outside consultant health care providers shall include:

- a. Commissioner of Corrections;
- b. The Warden and Administrator of Medical/ Forensic Services;
- c. Investigations Unit;
- d. Classification;
- e. Outside health care consultants;
- f. Paramedics/EMT's responding to medical emergencies.

Access under this category shall be limited to that information necessary to provide the required service. In cases of doubt, the Commissioner shall decide.

- 3. Restricted access to health records requiring a signed release of information shall include:

- a. Vocational Rehabilitation;
- b. Social Security Disability determination;
- c. Non-DOC correctional facilities;
- d. Attorneys other than the AG and DOC Counsel;
- e. Insurance companies including Worker's Compensation
- f. Health care facilities and health care providers not providing current treatment;
- g. Family members of inmates.

Access to the Offender Record by the medical/psychiatric/dental/nursing staff is permitted when the practitioner believes such information may be relevant to the inmate's health and course of treatment.

E. Transfer of the Health Record

- 1. Health records shall accompany the inmate at the time of transfer when the inmate is transferred within the DOC correctional system.
- 2. Transfer/discharge summaries will accompany inmates when transferred to correctional facilities outside the DOC correctional system.
- 3. Summaries or copies of the health record in addition to the consult referral form may be sent with the inmate upon referral to an off-site health care provider or outside consultant who provides services on-site.
- 4. Health record information can be transmitted to health care providers and facilities in the community upon written authorization of the inmate.

F. Collection and Recording of Health Data

All health appraisal data is collected in a uniformed manner as determined by the health authority. Qualified or health trained personnel only is authorized to collect all data.

G. Review of Health Records

- 1. Review of the health record by attorneys other than members of the Attorney General's Office, insurance companies, or inmates shall be by appointment only.
- 2. Appointments will be made at least forty-eight (48) hours in advance. Since all reviews must take place under the direct supervision of HIM staff, and to minimize disruption to departmental operations, appointments shall be for half-hour periods only. The HIM Administrator can authorize extensions to the time period if appropriate. Inmates are restricted to review of their health record once every six months. The HIM Administrator may authorize exceptions to the six-month rule for documented court appearances or other documented reasons.

H. Copying of Health Records

- 1. Inmates:
 - a. To receive copies of health records, inmates must submit an itemized list of copies to be made on an inmate request slip accompanied by a signed cash withdrawal slip. Inmates must have sufficient funds in their accounts to pay for the copies. Copies will be made at the rate of \$.20 per page. Copies will be sent to the inmate's housing unit in a sealed envelope marked "CONFIDENTIAL".
 - b. Copies will be made during the course of everyday business and not at the time of a medical record review.
- 2. Attorneys and Insurance Companies:

- a. Attorneys, other than those at the Attorney General's Office, or DOC Counsel and insurance companies must provide an original release of information from the inmate and prepayment for copies.
 - b. After review of the record, a count of the total pages to be copied and the cost, of \$.50 per page, will be sent to the attorney for pre-payment. A copy of the bill will also be sent to Fiscal Management.
 - c. Upon receipt of the appropriate monies, Fiscal Management will notify the appropriate HIM department that payment was received and the requested copies will be made and mailed to the requester.
 - d. Copies will be made during the course of everyday business and not at the time of a medical record review.
3. Medical Records Obtained from other Facilities and/or Health Care Providers:
- a. Copies of medical records obtained from outside hospitals, physicians, health care institutions, etc., are the property of those facilities and in their custody and control.
 - b. Copies of medical records from outside hospitals, physicians, healthcare institutions, etc. have been provided to DOC for evaluation, diagnosis, treatment, and continuity of medical care and normally, they are not to be recopied and/or redisclosed. Records from other facilities may be redisclosed without authorization from the inmate if that information needs to be provided for emergency medical care. If time permits, authorization from the inmate should be obtained prior to redisclosure to a third entity.
 - c. Requests from inmates for copies of non-DOC health records are permitted. The same procedures noted in Section H above are to be followed.
 - d. Attorneys, insurance companies, etc., requesting to obtain copies of medical records not the property of or under the custody and control of DOC will be denied. Person(s) requesting such copies will be directed to obtain them directly from the appropriate health care provider or health care institution, subject to their release policies.

I. Facsimile Transmission/Receipt of Health Information

1. Transmission of Health Information
 - a. Health Records will be transmitted via facsimile only when urgently needed for patient care.
 - b. Routine disclosure of information to insurance companies, attorneys or other users will be made through regular mail or messenger service.
2. Receipt of Health Information
 - a. Health information received via facsimile is acceptable for inclusion in the health record.
 - b. If the document is on thermal paper, a photocopy of the fax will be made to place in the health record. The thermal fax will then be destroyed.
 - c. The cover page accompanying the transmission will include a confidentiality notice that indicates the information is confidential and limits its use. (Attachment 1).
3. Facsimile Release of Information
 - a. Requests for records faxed to the HIM department will be accepted from other correctional facilities and other healthcare facilities in the case of emergencies.
 - b. Facsimile release of information from attorneys, insurance companies, workman's comp, prior inmates, etc. will not be accepted under any circumstances. An original release of information will be required.
4. Misdirected Facsimiles
 - a. If a fax is received in error, the sender will be notified immediately. After informing the sender of the error, the faxed document will be returned via regular mail or destroyed upon request of the sender.

- b. If a fax transmission fails to reach the recipient, check the internal logging system of the fax machine to obtain the number to which the transmission was sent. Fax a request to the incorrect number that explains the information was misdirected and ask for the documents to be returned by mail.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Fourth Edition. Standards

4-4396; 4-4413 thru 4415

Standards for Adult Community Residential Services
Fourth Edition. Standards

4-ACRS-4C-22 thru 4C-23

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

MACLEOD/pf

Attachment

FAX TRANSMITTAL

DATE: _____

TO: _____

FROM: _____

RE: _____

FAX SENDING MESSAGE:

FAX NUMBER: _____

We are sending a total of _____ pages, including this cover sheet. If you do not receive the indicated pages, please call _____ at (603) 271-_____.

This facsimile is intended only for the use of the person to whom it is addressed. It may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, any dissemination, distribution, copying, or use of this document or information in this document is strictly prohibited.

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COMMENTS:
